

8 → Sunny - FILE
5-24-04

FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)

FILE COPY

| | | | | | |
|---|--|--|----------------------|---|---|
| 1. Federal Agency and Organizational Element to Which Report is Submitted <p align="center">GSA Office of Budget</p> | | 2. Federal Grant or Other Identifying Number Assigned By Federal Agency <p align="center">39.011</p> | | OMB Approval No. 0348-0038 | Page of <div style="border-bottom: 1px solid black; width: 50px;"></div> pages |
| 3. Recipient Organization (Name and complete address, including Zip code) <p align="center">Comisión Estatal de Elecciones, PO Box 195552, San Juan, Puerto Rico 00919-5552</p> | | | | | |
| 4. Employer Identification Number <p align="center">66-0433481</p> | | 5. Recipient Account Number or Identifying Number <p align="center">272-0280000-0000-081-2004</p> | | 6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual | | | | | |
| 8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <p align="center">10 01 02</p> | | To: (Month, Day, Year) <p align="center">09 30 05</p> | | 9. Period Covered by this Report From: (Month, Day, Year) <p align="center">10 01 02</p> | |
| To: (Month, Day, Year) <p align="center">12 31 03</p> | | | | | |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | |
| a. Total outlays: | | | | 274,412.00 | |
| b. Recipient share of outlays | | | | 0.00 | |
| c. Federal share of outlays | | | | 274,412.00 | |
| d. Total unliquidated obligations | | | | 56,554.00 | |
| e. Recipient share of unliquidated obligations | | | | 0.00 | |
| f. Federal share of unliquidated obligations | | | | 56,554.00 | |
| g. Total Federal share (Sum of lines c and f) | | | | 330,967.00 | |
| h. Total Federal funds authorized for this funding period | | | | 3,151,144.00 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | 2,820,177.00 | |
| 11. Indirect Expense a. Type of Rate (Place "X" in appropriate box) <div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 25%;">b. Rate</div> <div style="width: 25%;">c. Base</div> <div style="width: 25%;">d. Total Amount</div> <div style="width: 25%;">e. Federal Share</div> </div> | | | | | |
| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | |
| Typed of Printed Name and Title <p align="center">Aurelio Gracia Morales - Presidente</p> | | | | Telephone (Area code, number and extension) <p align="center">(787) 777-8675</p> | |
| Signature of Authorized certifying Official | | | | Dated Report Submitted <p align="center">May 13, 2004</p> | |